## STATEMENT OF

RECEIVE

FEC FORM 1		ORGANIZ		ON .		5 AM II: 52  IL CENTER  Office Use Only	
1. NAME OF COMMITTEE (in	fuli)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5		
PENNSYL	/ANIA	DEMOCRAT	IC LE	ADERSHIP	FEDER/	AL COMMITTE	E
ADDRESS (number ar	nd street)	P. O. BOX 1	6194				لــ لـــ
(Check if address is changed)		PLANTATION FL 33318					
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA  (Check if is changed	address	S (Please provide only only only Democratic	_	odress) ershipComn	nittees@	gmail.com	<u>_</u>
COMMITTEE'S WEB	PAGE ADE	PRESS (URL)					
(Check if is changed		<u> </u>	<del> </del>				 
2. DATE 10	i 17	°′2012 ′					
3. FEC IDENTIFIC	CATION NU	MBER C					
4. IS THIS STATEM	MENT 🔀	NEW (N) OR		AMENDED (A)			
I certify that I have a		Statement and to the b			it is true, correc	et and complete.	
Signature of Treasure	er	Alexander	Clin	Ten	Date 10	)" ' 17" ′ 20'12	Ž
NOTE: Submission of		ous, or inco <del>ntiplete</del> informati ANY CHANGE IN INFORMA	•			o the penalties of 2 U.S.C. §	437g.
Office Use Only				For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	